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The Efficacy of Art Therapy as an Adjunctive Therapy for Psychosis: A Literature Review

Capstone Thesis

Lesley University

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Specialization: Art Therapy

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Abstract

Psychosis is a serious symptom of mental illness that is characterized by a detachment from reality. This can include experiencing visual, auditory, or tactile hallucinations, as well as delusions or false beliefs (American Psychiatric Association, DSM-V, 2013). Psychosis is a symptom of many disorders including schizophrenia, bipolar disorder, substance use disorder, and dementia, among many others. Art therapy is often overlooked as a valuable treatment for psychosis, mainly due to a lack of research in the field and the difficulty of maintaining controlled research parameters with this acute population (Tamminga & Lahti, 2011). Likewise, psychosis is generally perceived as manageable through the use of medications, even though there is no definitive cure for the symptom (Tamminga & Lahti, 2011). As a result, art therapy is regularly underutilized as an adjunctive therapy in treatment plans for psychosis. This literature review compiles the known research on this topic to evaluate what has already been discovered in the field of art therapy and psychosis and to then guide directions for further research. With this information collected, it is hoped that art therapy may begin to be used more frequently as an intervention for psychosis. The purpose in writing this literature review is to gather some of the known research regarding the efficacy of art therapy with people experiencing psychosis because it is an area in which the applications of art therapy are not clearly defined. This paper will discuss when art therapy is appropriate to use with psychosis and identify how that treatment should look and when it should occur. The ultimate findings of this review are that art therapy has the potential to be an important adjunctive therapy for psychosis for the purposes of stabilization, maintenance, and treatment of negative symptoms.

Keywords: art therapy, psychosis, mental health, literature review, adjunctive therapy

Introduction

Psychosis is a mental health condition in which a person loses touch with reality. According to the 5th edition of the Diagnostic Statistical Manual (DSM-V), a disorder is categorized as psychotic if it involves hallucinations, delusions, disorganized thinking, disorganized behavior, and/or negative symptoms. Negative symptoms include blunted affect, alogia (inability to speak) and avolition (decreased motivation) (American Psychiatric Association, Schizophrenia Spectrum and Other Psychotic Disorders, 2013).

The first line of treatment for psychosis is a medication regimen including antipsychotics such as haldol, clozapine, risperidone, invega, and quetiapine among others (Patel, Cherian, Gohil & Atkinson, 2014). These medications have been shown to alleviate psychotic symptoms, yet fail to address the emotional effects of the condition.

The usefulness of art therapy has long been understated in the field of mental health, as there is not as robust a catalogue of quantitative research as there are in related fields such as clinical psychology (Regev & Cohen-Yatziv, 2018). Considering psychosis is one of the most debilitating mental health issues (Chaudhury, Deka & Chetia, 2006), it is important to study different methods of treatment for it, including art therapy. Collecting and evaluating the research that has already been done regarding the efficacy of art therapy for the treatment of psychosis allows for the understanding of where more research is needed.

Studies on art therapy and psychosis has been varied and informative, but generally have small sample sizes and rely on qualitative methodologies. Articles have been published all across the world discussing the effects of art therapy on patients with psychosis, yet many have had very few participants or did not collect all the data that would have been relevant. For example, the seminal MATISSE study (Crawford, Killaspy, Barrett, Byford, Patterson, Soterious, O'Neill,

Claton, Maratos, Barnes, Osborn, Johnson, King, Tyrer & Waller, 2012) had a large sample size, yet failed to capture data at all the important times. Secondly, studies such as “The Bridge Drawing: An Exploration of Psychosis” (Teneycke, Hoshino & Sharpe, 2009) are informative in showing that there is a reason to use art therapy for psychosis, but fail to have a sample size large enough to make generalizable hypotheses. This paper will discuss these studies and more to evaluate them for their contributions to the field.

My purpose in writing this literature review is to compile some of the known research regarding the efficacy of art therapy with people experiencing psychosis because it is an area in which the applications of art therapy are not clearly defined. I also plan to form my own opinion on when art therapy is an appropriate to use with psychosis and address how that treatment should look and when it should occur.

This literature review has limitations. The studies included are not exhaustive. There are several papers, writings, articles, studies, and other publications excluded to parse down to the most relevant. Likewise, the reviews of these publications are not a full representation of the entirety of information included in them. This literature review is also limited in including primarily resources available to Lesley students. Also, it is important to note that psychosis is a symptom of many disorders and illnesses and this paper will not discuss all these illnesses individually but will instead focus on the important research regarding psychosis in general.

It is also important to address personal bias in this literature review. As a graduate art therapy student, I read articles with the perspective of a practitioner in the field. I understand and appreciate this bias and attempt to be as impartial as possible but recognize complete neutrality to be impossible.

Literature Review

The first important piece of literature to review is the “Psychosis and Schizophrenia in Adults” National Institute for Health and Care Excellence (NICE) guidelines (2014). This publication included the official recommendations for the treatment of psychosis and schizophrenia in the United Kingdom. The guidelines contained a robust section on art therapy, specifically recommending how art therapy should look with people experiencing psychosis, when it should occur in the course of treatment, and who is qualified to administer it.

The NICE guidelines defined arts therapy as “complex interventions that combine psychotherapeutic techniques with activities aimed at promoting creative expression,” (NICE, 2014, p. 217). They stipulated that art therapists in the UK need to have Master’s level clinical training in order to practice and also suggest that they have prior experience working with this specific population.

The guidelines outlined a short literature review to support their suggestions regarding the use of art therapy with psychosis. They included seven random control trial (RCT) studies. They found that there was consistent evidence that arts therapies (including art therapy, movement therapy, music therapy, and drama therapy) had significant effects in reducing negative symptoms of schizophrenia and psychosis when compared to a control. They also found that these effects were maintained up to six months after the treatment. This literature review was the foundation for the recommendations that followed.

The NICE guidelines ultimately suggested offering arts therapies to people with schizophrenia and/or psychosis for the alleviation of negative symptoms at any stage of treatment, including in both inpatient and outpatient settings at any level of acuity. They

recommended that treatments continue through the course of recovery to promote ongoing wellness.

The findings of this publication suggest that research up to that point indicated that art therapy is beneficial for people experiencing psychosis, especially for the treatment of negative symptoms. This opinion is well-founded based on the position in history of this publication. However, after these guidelines were distributed, the amount of research on this topic exploded, so a more thorough literature review that includes the subsequent research is important.

The NICE guidelines are massively important to the development and administration of art therapy with people experiencing psychosis. Their suggestions are implemented at psychiatric hospitals in the UK, which are often emulated by other countries, including the United States. It is worth noting, however, that the American equivalent of the NICE guidelines, “Practice Guideline for the Treatment of Patients with Schizophrenia,” (American Psychiatric Association, 2004) does not mention the use of art therapy and focuses heavily on the use of antipsychotic medications. Regardless, these NICE guidelines hold a lot of influence. When the suggestion is made by large authorities, such as the National Institute for Health and Care Excellence, to include art therapy, more hospitals will prioritize finding qualified art therapists and including art therapy in treatment regimens. When this occurs, the opportunity for more research becomes greater, as there is a greater chance for patient participation. This is evident in the amount of follow-up studies and papers published following the NICE guidelines publication, including the study “Group art therapy as an adjunctive treatment for people with schizophrenia: a randomised controlled trial,” otherwise known as MATISSE (Multicentre evaluation of Art Therapy In Schizophrenia: Systemic Evaluation) (Crawford, et.al., 2012).

The largest study to be mentioned in this literature review, both in size and prominence, regarding the efficacy of art therapy as an adjunctive treatment for psychosis is “Group Art Therapy as an Adjunctive Treatment for People with Schizophrenia: A Randomised Controlled Trial,” better known as the MATISSE study (Crawford, et.al., 2012). This seminal study aimed to assess the usefulness and cost effectiveness of art therapy for people with schizophrenia. This study was spurred by the introduction of the NICE guidelines and their suggestion for the inclusion of art therapy with psychosis. After exclusions and drop-outs, a total of 355 participants were included in all of the data. This is an unprecedented rate of participation, making this study crucial in the development of this topic.

The structure of the MATISSE study was three pronged. Participants, who all met diagnostic criteria for schizophrenia, were placed into one of three trial groups: standard care, standard care and art therapy, or standard care plus activity groups. This structure aimed to isolate adjunctive art therapy from treatment as usual without any adjunctive therapies and from treatment as usual with the addition of an activity-based group. The participants were recruited from both inpatient and outpatient care facilities and were all adults. In the experimental group, with art therapy, participants were asked to attend an art therapy group once a week for twelve months on top of their ongoing treatment. The study asked recruitments to fill out several scales at the beginning of the trial, again after the twelve months of treatments, and then once more after twenty-four months. The scales included the Positive and Negative Symptom Scale (PANSS) and the Global Assessment of Functioning (GAF).

The results of this study found that adjunctive art therapy did not have any impact on global functioning, which was measured using the GAF, nor on symptoms of schizophrenia,

measured using the PANSS, when compared to treatment as usual. They determined that art therapy was not a cost effective treatment because it was not found to have any extra benefits.

The MATISSE study, while large, should be viewed with a critical eye. There are several notable issues with the study. Mainly, the researchers in this study failed to accrue data at all times of interest. They attained GAF and PANSS scores for participants in all groups at the start of the study, after twelve months of treatment, and then again after twenty-four months. It would have been beneficial to know how participants were doing immediately after a session, or even during a session itself. It also would have been helpful to know more about the efficacy from week to week, month to month, and so on. Maybe there would be a time when art therapy reaches a maximal threshold of usefulness, perhaps faster than treatment as usual, and from there onwards it becomes maintenance. This would be valuable information to gather but was overlooked by the MATISSE researchers.

This ultimately begs the question of what effectiveness of a therapy means. It is clear that in this study, researchers believed it to be sustained results even after termination. However, a person experiencing psychosis may find art therapy extremely constructive during a session, which is also important and valuable, but was not considered.

While there are problems in the MATISSE study, it would be an oversight to exclude it from this literature review because of the effect it had on the field of art therapy. It prompted an outpouring of further research and critiques disputing its findings and motivated researchers to put more time and effort into publishing.

One such critique is entitled “In the Wake of the Matisse RCT: What About Art Therapy and Psychosis?” by Chris Wood (2013). This article is important as it discussed some of the

issues in the MATISSE study that may have had an effect on its results. Some of the most poignant arguments are included here.

Wood asserted that the MATISSE study failed to properly define art therapy and the specific approach it used with the trial groups. This includes not limiting approach to diagnosis. This is a well-founded argument, as it is imperative to have a structure of art therapy sessions not only to make the research results legitimate but also because people experiencing psychosis require the help of those around them to maintain structure and appropriate boundaries.

Another point that Wood explained is that the MATISSE study did not adequately discuss group attendance. There are questions regarding the consistent turnout of participants at the weekly group sessions, suggesting that the study itself may not be appropriately testing the intervention in question. Likewise, it becomes unclear if all of those 355 participants took part in therapy long enough to have an effect on the data.

Wood mentioned that participants in MATISSE were randomly allocated to treatment groups, regardless of motivation or interest in art therapy as a treatment course. In reality, clients are likely to be interested in receiving the treatment to begin with if they are participating in it, which may skew results in a different direction. In other words, it would be worth looking into whether clients who are already interested in adjunctive therapies have better results from art therapy than those who are resistant to alternative therapies.

Wood's paper alone discussed many important issues with the MATISSE study, and it is one of many that were ultimately published following MATISSE. It is important to read such articles because it helps to contextualize results from large studies such as MATISSE and gives researchers a direction to explore in their own studies.

An central topic to cover when addressing the efficacy of art therapy for psychosis is how the therapy is used, when it is provided during treatment, and what it involves. Art therapy can be delivered in countless different ways, so defining this is vital to understanding what is working and what approaches might not be as helpful.

In a study done in 2019 by Lynch, Holttum, and Huet entitled “The Experience of Art Therapy for Individuals Following a First Diagnosis of a Psychotic Disorder: A Grounded Theory Study,” eight participants recently diagnosed with a psychotic disorder were interviewed to understand their experience with art therapy. The researchers were specifically interested in seeing how art therapy influenced people early on in treatment. Therefore, these participants were relatively unfamiliar with treatment and the system. This study is important to discuss because it addressed the question of when art therapy might be the most useful in the course of treatment. The researchers believed that prior studies had primarily focused on people who had been service users for several years and had failed to ask about newly diagnosed individuals.

The researchers in this study specifically chose participants who had previously had art therapy or who were currently engaging in it. After identifying these individuals, the researchers interviewed them about their experience in art therapy. Some participants were interviewed twice. This selection of participants should be noted, as it addresses the previously mentioned issue with MATISSE, that participants may not have already been interested in art therapy. These participants were already familiar with it, suggesting they were invested and willing to engage in art therapy.

The results of the study were organized into seven categories based on what the participants focused on in their interviews. These included: unpressured atmosphere, pleasure and engagement in art-making, expression and communication, connecting with others, changing

emotional experience and experience of self, supporting recovery and continuation of art, and not the right fit (Lynch, Holttum & Huet, 2019, p. 4). These categories are indications of how and why people with psychotic disorders use art therapy. These findings are interesting because they allow art therapists to better understand how their practice is experienced from the client's perspective. Therapists can then form sessions to more successfully meet the needs of the participants.

There are, of course, reasons to look at this study critically. Firstly, the participants were selected because they were already familiar with art therapy. This means that they were independently interested in the practice, potentially affecting the results because they were likely to have a positive opinion if they were already willingly utilizing it. As mentioned earlier, this is both a reason to critique as well as a reason to praise this study, indicating that there is no perfect way to produce a study in this field. Secondly, as with any interview-based study, there is the chance that participants were trying to give the researchers what they think they wanted, meaning they were speaking more highly of art therapy than they truly felt because they wanted to please the researchers. Thirdly, there were only eight people interviewed for this article, which is a small number and cannot be generalized to a greater population. Of these eight participants, all of them were from the United Kingdom and received care there under the National Health Service (NHS). These participants were not diversified, meaning their results cannot be universalized.

When researching how art therapy is used by people with psychosis, it is also important to research the art therapists themselves, and ask them what they see in therapy with these clients. In the article "Provision and Practice of Art Therapy for People with Schizophrenia: Results of a National Survey," (Patterson, Debate, Anju, Waller & Crawford, 2011), researchers

gave a standardized survey to art therapists in the United Kingdom asking them their demographics, who they provide services to, what their art therapy sessions look like, and the qualitative benefits they believed art therapy provided for their clients, among other questions related to their practice. This survey was generated as a reaction to the NICE guidelines (2014), which suggested that art therapy be used for people experiencing psychosis related to schizophrenia.

Seventy-one therapists responded to the survey, indicating a response rate of 63.9% (Patterson et al., 2011, p. 330). This level of participation is usual for a survey study of this type. Forty-nine of the respondents were female, equivalent to 69% (Patterson et al, 2011, p. 331). While not stated in the write-up, it is the assumption of this writer that this percentage of women likely mirrors the field, in that it is primarily made up of female therapists.

The results of the study were many. Regarding the art therapists themselves, many were only employed part-time and were the only or one of few art therapists employed at their prospective sites (Patterson et al., 2011, p. 331, 333). This is an interesting finding, as it highlights an important issue in the field. Even if art therapy is beginning to be offered to patients with psychosis on a more regular basis, there are few art therapists with experience working with psychosis to provide this service. Therefore, for a person with psychosis, finding an art therapist would be difficult. Limited accessibility leads to a lack of recognition and a lack of research.

Another result from the survey was related to the structure of art therapy sessions. The majority of respondents noted the importance of working openly, without directives, to allow people experiencing psychosis to freely express difficult emotions. They also noted the importance of confidentiality and privacy of the art itself in achieving this goal. If participants

feel like their artwork is public, they might be less likely to openly express themselves. The authors of this article suggest that this is in sharp contrast to what art groups generally look like in art classes or activity groups. In those settings, there is usually a very pointed, educational directive and subsequent art is usually displayed widely. This difference may have led to a misunderstanding of what the field of art therapy entails to the greater public, as most things that actually transpire in session are kept confidential.

As noted, the majority of respondents felt that an open session for free self-expression was the best approach when working with people with psychosis. This is notable, as it has been argued in the past that using this model could be too uncontained, and therefore cause anxiety (Killick, 1997). However, these art therapists felt that this approach actually helped to contain because it is a means of self-expression rather than an interpretive practice of looking into the artwork on a more cognitive level.

This research is very important because it allows the people actually working in the field to have a voice. The art therapists have a lot of knowledge about this topic, as they live it everyday. It is important to hear what they have to say about it so that we can build the field from there. That being said, the study is limited because it only surveyed UK therapists. Likewise, due to the survey format, the researchers opted to have fewer questions to raise response rates. This means that many important questions were not asked, such as symptom profiles and length of treatment.

Another article that gains information directly from the art therapists is entitled “Art Therapy for People Diagnosed with Schizophrenia: Therapists’ Views About What Changes, How and For Whom,” (Patterson, Crawford, Ainsworth & Waller, 2011). This study was performed by some of the same researchers as the MATISSE study, but with the goal of gleaning

qualitative information directly from therapists as opposed to quantitative research from clients. The study took reports from art therapists about their beliefs regarding art therapy and its usefulness with schizophrenia and psychosis.

Twenty-four art therapists were ultimately part of this research. They varied in age and gender as well as work history and formal qualifications. The first question asked was how these therapists “explain schizophrenia,” (Patterson et al., 2011, p. 72). Many of the respondents used the word “psychotic” to describe patients with schizophrenia. They went on to describe how psychosis looked, such as a disconnect from the world and the appearance of anxiety.

The next question asked of these art therapists was “what is art therapy and how is it helpful?” (Patterson et al., 2011, p. 73). In response to this question, the art therapists talked about how therapy is highly individualistic. They also spoke of the difference between art in therapy and art as therapy, by saying things such as, “that’s not to say that painting a picture is not therapeutic- it is- but it’s not therapy,” (Patterson et al., 2011, p. 74). They also addressed the fact that they do not offer art activities but are rather specialized in using art in a therapeutic way, and that this must be done collaboratively between therapist and clients.

The question that the researchers were especially interested in was the next: “art therapy and schizophrenia: what changes and how?” (Patterson et al., 2011, p. 76). This question was answered in many ways, but some common themes were noted. One such theme was that art therapists viewed their practice as divergent from therapy as usual, and a way for clients to escape the systematized nature of mental health care. They were also all in agreement that art therapy was helpful for these people and that they were generally better off with it because it allowed them to express themselves in a safe way without the constraints of verbal communication. For example, one respondent said, “I think people feel a little bit more

comfortable in putting something down on paper which they can't necessarily put into words, that they don't know they're even meaning to communicate it, or wanting to communicate it," (Patterson et al., 2011, p. 77). The role of the therapist then becomes to receive that communication and make sense of it to form appropriate responses.

Another question asked in this article was "who will benefit from art therapy?" (Patterson et al., 2011, p. 78). The art therapists in this study seemed in agreement that anyone could benefit from art therapy and diagnosis was not an appropriate clinical indicator for the usefulness of art therapy. Rather, the willingness and openness of the participant was most important. This research article is significant in asking questions of the art therapists who see the changes their work is making for people with psychosis on a daily basis. Some specific points of interest in this article were that art therapy functioned as a safe form of communication and that it was appropriate for anyone to use so long as they were willing to engage. This brings to mind the idea that perhaps art therapy is effective for all people who want it, and using psychosis as a limitation is not an appropriate research parameter.

The article "Exploring Art Therapy Group Practice in Early Intervention Psychosis," (Parkinson & Whiter, 2016) aimed to understand how art therapy might be used early on in treatment for people experiencing psychosis. It explained that the first three years following a first psychotic episode are the most crucial in developing skills and determining future wellness (Parkinson & Whiter, 2016, p. 116). It cited the NICE guidelines (2014) as the impetus for this study (Parkinson & Whiter, 2016, p. 117).

These researchers focused on a very small group of three consistent (although others came and went) outpatients who had experienced their first episode of psychosis within the past three years. It is important to note here that none of these patients were acutely psychotic and

were living in the community during the study. That being said, they had been hospitalized and subsequently stabilized within the three year period (Parkinson & Whiter, 2016, p. 119).

Participants came to one two-hour session per week for a year. Following this, they returned to participate in an Audio Image Recording (AIR) that involved a structured interview allowing them to reflect upon the art therapy sessions. Following drop-outs, two AIRs were produced as data for this study.

The AIR interview questions were based on the NICE guidelines. They specifically focused on the reasons art therapy was found to be beneficial for people with psychosis, including: “Enabling people to experience themselves differently and to develop new ways of relating to others” (NICE, 2014, p.221), “helping people to express themselves and to organize their experience into a satisfying aesthetic form,” (NICE, 2014, p.221), and lastly “helping people to accept and understand feelings that may have emerged during the creative process (including, in some cases, how they came to have these feelings) at a pace suited to the person” (NICE, 2014, p.221). The participants reflected on these topics with generally positive feedback. They spoke of feeling relaxed during art therapy sessions, more connected to others, free to express themselves, and able to release bottled up feelings related to their mental health (Parkinson & Whiter, 2016, p. 121-123).

The results of this study are positive. They seem to suggest that people experiencing psychosis can greatly benefit from attending art therapy groups because they allow them to relax and have a space to safely and freely express themselves with a community of people they trust. This is based on the qualitative data retrieved through interviews with the participants themselves. Obviously this form of research has its own challenges and limitations. Firstly, it is important to point out that there were very few people participating in this study. That makes it

difficult to make broad assumptions as to what the results could mean for the field as a whole. It is also possible that the participants wanted to please the researchers and give them what they assumed they were looking for- positive feedback. Also, qualitative data is not quantifiable by definition, so it is impossible to statistically see how much art therapy was impacting these participants' lives. It can be argued that statistical data is not always necessary and the verbal reflection of real clients is perhaps even more beneficial in understanding the usefulness of art therapy with psychosis.

Studies like “Exploring Art Therapy Group Practice in Early Intervention Psychosis,” (Parkinson & Whiter, 2016) are vital in continuing this field of research. Researchers should listen to real clients to understand where they believe art therapy is helpful and build studies and treatment approaches using that information. “Exploring Art Therapy Group Practice in Early Intervention Psychosis,” (Parkinson & Whiter, 2016) shows that participants have information that they want to share with clinicians. Also, there is evidence that art therapy makes a difference in the lives of people experiencing psychosis and researchers should continue to build upon that evidence.

In 2014, Montag and peers performed a study entitled “A Pilot RCT of Psychodynamic Group Art Therapy for Patients in Acute Psychotic Episodes: Feasibility, Impact on Symptoms and Mentalising Capacity” (Montag, Haase, Seidel, Bayerl, Gallinat, Herrmann & Dannecker, 2014). There were fifty-eight participants in this study that were diagnosed with schizophrenia and experiencing psychosis. They were put into two treatment groups, either receiving group art therapy as an adjunct to treatment as usual or only receiving treatment as usual for twelve, twice weekly sessions. The study assessed positive symptoms such as hallucinations and negative psychotic and depressive symptoms such as anhedonia as well as global assessment of

functioning (GAF) at baseline, immediately following treatment, and at 12 weeks post treatment. It found that the art therapy group had significantly greater reductions in positive symptoms both immediately following treatment and at 12 weeks post treatment (Montag et al., 2014, p. 5).

There was no difference between the groups in depressive symptoms (Montag et al. 2014, p. 5).

“A Pilot RCT of Psychodynamic Group Art Therapy for Patients in Acute Psychotic Episodes: Feasibility, Impact on Symptoms and Mentalising Capacity” (Montag et al., 2014) suggests that for acutely psychotic patients, art therapy is helpful in treating positive symptoms such as paranoia, delusions and hallucinations (p. 5-6). An issue to note includes the fact that the only participants that were involved in the final data were those who were able to engage in the entire study. These participants might be considered generally less acute if they were able to take part at a higher level than the drop-outs. This could have affected the ultimate results.

In my review of the literature, it is unusual that art therapy has effects on the positive symptoms of schizophrenia. Generally, art therapy is thought to have a greater change on mood states and motivation, which impact negative symptoms. The authors of this study do not go into much detail as to why they think they got these results. More studies are necessary to understand how these results came to be based on underlying assumptions, the process of obtaining the data, and the demographics and acuity of the participants. Montag et al. did not go into great detail as to what the art therapy sessions consisted of, which would be important information to know if continuing the research.

Looking at the art itself is an important aspect of understanding the role art therapy plays in the treatment of psychosis. In 2016, Gordana Mandić Gajić wrote an article based on the drawings of a person experiencing psychosis. The article is entitled “A Series of Drawings of a Patient with Schizophrenia-Like Psychosis Associated with Epilepsy: Captured Illustration of

Multi-Faced Self Expression” (Gajić, 2016). This article is a case study that evaluated how someone with psychosis used art as a way to express herself.

This case study is based on a woman with psychosis that is associated with her epilepsy diagnosis. Again, psychosis is a symptom of illness and not an illness in and of itself. It can be associated with all different sorts of diagnoses, most common being schizophrenia, but diagnoses like epilepsy are also possible.

The client of interest was a 33-year-old woman with an elementary school education. She was diagnosed with epilepsy at age 15 and experienced psychosis two years later, which required hospitalization. During this hospitalization, she was put on antipsychotic medications that also acted as antiepileptics. She had not participated in organized art therapy before (Gajić, 2016, p. 588).

During the course of this case study, the client participated in group-psychotherapy three times per week as well as group analysis of drawings once a week. She made four drawings that were included in the article. Two were very similar in appearance, consisting of many small geometric areas, like a mosaic, filled in with color. Another drawing was entitled “Town at night,” (Gajić, 2016, p. 590) which was black and yellow only with squares depicting windows. The last drawing was entitled “A boy with the guitare” (Gajić, 2016, p. 590) and was a pencil drawing depicting a man sitting with a dog with a guitar next to him. The client said that she sometimes played that guitar, which was at her house.

The study integrated arts-based, qualitative, and quantitative research methodologies. At the start of the study, the client completed several assessments to quantify her baseline level of functioning. After completing the groups, these numbers did not change significantly (Gajić, 2016, p. 589). However, qualitatively, the client herself spoke to feeling that her level of

functioning had improved (Gajić, 2016, p. 589). Likewise, it was noted by the researchers that her social abilities increased in the group setting (Gajić, 2016, p. 590). In the artwork itself, the client started by using only part of the paper and depicting abstract shapes and colors. By the end of the study, she drew a human figure in a relaxed position, utilizing the entire paper. Her ability to begin using naturalistic forms and the whole page suggests improvement in functioning.

This case study suggests that using art to assess a patient with psychosis could be useful. The person of interest in this study showed differences in art style and in qualitative social functioning through the course of the research. This is just one person, so it cannot be generalized. However, it is information that could be used by other art therapists as a way to informally assess incoming patients and see how they progress through treatment. It is also a good introduction for further research. The author of this study suggests that future studies include the use of an electroencephalogram (EEG) to monitor brain activity as well as other quantitative measures (Gajić, 2016, p. 590).

This case study does not address whether the use of art specifically helped this client with her psychosis. It is therefore not possible to say, using this study, that art therapy is an effective form of treatment for psychosis. That being said, this study offers insight into the areas where art making may have had an impact. This includes social functioning and self-expression.

Another arts-based study performed by Teneycke, Hoshino and Sharpe in 2009 called, “The Bridge Drawing: An Exploration of Psychosis” evaluated the artwork of people with psychosis to see if there were notable differences between inpatient, outpatient, and comparison groups in how their art appeared. This approach was meant to evaluate if art could be used as a clinical indicator. This is a different approach to therapy which attempts to assess the symptoms of psychosis as opposed to treat them, as many other studies have considered. A study like this is

important as it could show how art can be used as an early diagnostic tool or as an assessment of symptoms.

To complete this study, researchers developed criteria to specifically rate each bridge drawing. They started by asking participants to “draw a picture of a bridge going from someplace to someplace,” (Teneycke, Hoshino & Sharpe, 2009, p. 298) which was a directive adapted from Hays and Lyons in 1981 (p. 208). The researchers then would rate the bridge drawing based on these variables: presence of a bridge, word/number inclusion, directionality, future inclusion, monochrome elements, idiosyncratic color, color choices, unusual placement of features, prominence of color, and inclusion of a person (Teneycke, Hoshino & Sharpe, 2009, p. 299-300).

This study concluded that the presence of psychosis in the artist can be indicated using the bridge drawing directive (Teneycke, Hoshino & Sharpe, 2009, p. 301). They found significant differences between the inpatient groups and the outpatient and control groups in the following categories: directionality, placement of future, prominence of color, use of monochrome, number of colors, and accuracy of colors. The difference between the inpatient and control groups most significant, suggesting that when psychosis is more acute, these differences in elements become more apparent (Teneycke, Hoshino & Sharpe, 2009, p. 301).

Teneycke, Hoshino, and Sharpe’s 2009 adaptation of Hays and Lyons’s 1981 assessment is interesting because it uses the art itself as a clinical tool for the treatment team. It is always important to be wary of these sorts of assessments, however, because therapist bias can play a major role in how each of the criteria are rated. Also, the inclusion of some features by the artist may not be an indication of psychosis but something else. Perhaps the artist loves the color pink. While this color does not accurately match what a traditional bridge may look like in reality, it does not mean that coloring a bridge pink immediately means psychosis.

While there are some issues with using the bridge directive as an assessment for psychosis, it could also be an interesting data point for art therapists to collect informally. The bridge drawing could be used to gauge a person's artistic personality and to see if there are changes over time based on stage of treatment.

This article sparks some interesting ideas for further research as to how to perform art therapy with people experiencing psychosis. This study indicates that it could be used as a form of informal assessment, perhaps to see how severe the psychosis is within the individual and to consider the efficacy of the treatment for an individual.

Hanevik, Hested, Lien, Teglbjaerg and Danbolt examined the experiences of five women with psychotic disorders in art therapy in their article "Expressive Art Therapy for Psychosis: A Multiple Case Study" (Hanevik, Hestad, Lien, Teglbjaerg & Danbolt, 2013).. The five women worked together in therapy, coming each week for two and a half hours over the course of ten months. Each week, participants were given a different arts-based prompt to complete. Afterwards, they would process how the art making was for them and explain their art to the group.

The researchers evaluated the content of the artwork as well as the notes from the therapist from the session, which included statements from the participants about their art. The researchers also interviewed the participants after the completion of the therapy. Likewise, they compared where participants were in relation to their illness at the beginning of the study to the end of it to see if any progress was made. They used all of this information to qualitatively appraise the value of group art therapy for these participants. They found that subjectively, the participants benefitted from the experience and allowed them to have an improved sense of their disorders, which allowed them to control the symptoms better (Hanevik et al., 2013, p. 315, 316,

318). They found that group art therapy specifically was beneficial in managing negative symptoms of psychosis, per the testimony of the participants (Hanevik et al., 2013, p. 319).

Again, this qualitative study suggests that service users themselves find value in art therapy, especially in regards to negative symptoms. Similarly to other studies, the participants evaluated were few. Likewise, the interview method could promote bias and the tendency for interviewees to say what they suspect the researchers want to hear. Nonetheless, the results of this case study suggest that art therapy is perceived as helpful by participants with psychosis.

“A Novel Landscape for Understanding Physical and Mental Health: Body Mapping Research with Youth Experiencing Psychosis” (Boydell, Ball, Curtis, de Jager & Kalucy, 2018) studies six Australian patients. All participants had recently experienced their first episode of psychosis. The study asked them to complete an arts-based activity followed by informal interviews to discuss the art. The art making occurred over four, two-hour long sessions. The first session involved tracing each participant’s physical body on a large piece of paper. The rest of the sessions gave the participants time to fill these outlines with symbols and messages that represented their experience with psychosis and any other personal themes.

The researchers in this study used a social construction framework, which recognizes the “subjective experience as central to how we come to know and understand reality” (Boydell et al., 2018, p. 242). This framework relies heavily on open-ended interviews as the method of gaining information. These interviews took place once the art was complete, after the four sessions. Researchers gave participants the opportunity to discuss themes that they included in their artwork, which was the primary method of data-collection. These interviews were transcribed and then translated into first person narratives, which the participants checked for accuracy and authenticity.

The only aim of this research was to see what themes emerged in the artwork, which the researchers described in two ways; one was showing the body map art pieces themselves and the second was presenting the participants' narratives of the art. They found that participants had very different and highly personal narratives associated with their artwork (Boydell et al., 2018, p 252). However, all of them had the unifying theme of recovery (Boydell et al., 2018, p 252). The other theme that came up within the narratives was that the process of creating the body map was therapeutic on its own (Boydell et al., 2018, p 252).

Boydell et al. relied on the artwork and the artist's description of it to form results. This article does not specifically look at the efficacy of art therapy in the treatment of psychosis, but it does give people with psychosis the chance to talk about the purpose of their artistic choices and informally discuss their perspectives on the art therapy process. The artistic choices were often aimed at therapeutic goals, which suggests that the process of creating art was meaningful to the participants (Boydell et al., 2018, p 255).

"A Novel Landscape for Understanding Physical and Mental Health: Body Mapping Research with Youth Experiencing Psychosis" (Boydell et al., 2018) utilized a specific arts-based directive. This contradicts the suggestion from studies such as "Provision and Practice of Art Therapy for People with Schizophrenia: Results of a National Survey," (Patterson, Debate, Anju, Waller & Crawford, 2011) which found that participants gravitated towards an open structure for the freedom of self-expression. That being said, it was noted that each art piece was highly unique despite the unifying directive (Boydell et al., 2018, p. 252), perhaps suggesting that clients will openly express themselves with out without the structure of a directive.

Discussion

It is impossible to say conclusively that art therapy is always an effective adjunctive treatment for psychosis or that everyone with psychosis is a candidate for it. There is conflicting evidence for both sides of the argument, and there are issues with that evidence on both sides as well as outlined in this review. It is my contention that art therapy is an important adjunct to treatment of psychosis for the purpose of ongoing regulation, maintenance of stability, and prevention of future psychotic episodes. This opinion is formed using the research discussed and extrapolating the pieces I find most convincing.

I believe that art therapy requires a certain degree of cognitive strength and willingness to engage to have a long lasting impact. When a client is disconnected from reality, this becomes relatively impossible. Some research disputes this, such as the research done by Montag and peers in 2014 in the article “A Pilot RCT of Psychodynamic Group Art Therapy for Patients in Acute Psychotic Episodes: Feasibility, Impact on Symptoms and Mentalising Capacity,” which found that art therapy with acutely psychotic patients reduced their positive symptoms. This study is one of few that I found, so more studies are necessary to assess this question further. That being said, it is my opinion that art therapy is more effective for psychotic patients seeking safety and containment after their acuity is diminished. The NICE guidelines (2014) mirror this opinion. Likewise, other articles performed their studies on stabilized patients, suggesting the researchers also believed that art therapy is likely most effective during this stage of treatment for psychosis. These articles include “A Novel Landscape for Understanding Physical and Mental Health: Body Mapping Research with Youth Experiencing Psychosis” (Boydell, Ball, Curtis, de Jager & Kalucy, 2018), “Expressive Art Therapy for Psychosis: A Multiple Case

Study” (Hanevik, Hestad, Lien, Teglbjaerg & Danbolt, 2013), and “Exploring Art Therapy Group Practice in Early Intervention Psychosis,” (Parkinson & Whiter, 2016).

When a client is stabilized such that they are behaviorally regulated and able to differentiate reality from hallucinations, I believe that art therapy can be helpful in maintaining that stability. As made apparent in the literature reviewed, art therapy offered people a chance to let go of bottled-up feelings, to have support from a community of trusted peers, and to creatively express themselves. These aspects of art therapy are vital for emotional regulation, which allows people to keep balance and structure in their lives despite a mental illness diagnosis.

I also believe that providing ongoing adjunctive art therapy after stabilization could help clients with medication adherence, further supporting them in their ongoing recovery. If a person feels socially connected and free to express themselves, they are more likely to trust in their treatment team as well as advocate for themselves when it comes to their treatment regimen and things they might want to change. I believe that art therapy is an important stepping stone for people to feel comfortable discussing these issues with their treatment team, which would ultimately provide them with better personalized care, increasing both medication adherence and active participation in other treatment approaches. This would be an interesting topic for further research to investigate.

I think that art therapy is most effective with clients who have interest in engaging in an adjunctive therapy. If a client is resistant to participating in art therapy, the important work in the treatment will not happen. This interest does not have to be passionate, but rather just a willingness to be involved as fully as possible in the process laid out by the art therapist. This idea was reflected in the article “Art Therapy for People Diagnosed with Schizophrenia:

Therapists' Views About What Changes, How and for Whom," (Patterson, Crawford, Ainsworth & Waller, 2011) where the art therapists involved in the study believed therapy was effective for anyone, regardless of diagnosis, so long as clients had the willingness to do the work.

It is my conclusion that art therapy is an effective treatment regimen when used appropriately. Many pieces of literature argue that art therapy is more helpful than treatment as usual without adjunctive treatment, especially in reducing negative symptoms associated with these disorders. Art therapy is potentially an important adjunctive treatment for psychosis and should not be disregarded. More research is necessary in the field to strengthen this hypothesis.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

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